

**Uniform Statutory Form Power of Attorney**  
(California Probate Code Section 4401)

NOTICE: THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. THEY ARE EXPLAINED IN THE UNIFORM STATUTORY FROM POWER OF ATTORNEY ACT (CALIFORNIA PROBATE CODE SECTIONS 4400-4465, INCLUSIVE). IF YOU HAVE ANY QUESTIONS ABOUT THESE POWERS, OBTAIN COMPETENT LEGAL ADVICE. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL AND OTHER HEALTH CARE DECISIONS FOR YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

I, Fay L. Short, 1676 Crossing Drive, Horn Lake, Mississippi, 38637  
appoint Joda Faye Short Francis as my agent (attorney-in-fact) for me in any lawful way with respect to the following initialed subjects

To grant all of the following powers, initial the line in front of (N) and ignore the lines in front of the other powers. To grant one or more, but fewer than all, of the following powers, initial the line in front of each power you are granting. To withhold a power, do not initial the line in front of it. You may, but need not, cross out each power withheld.

Initial

- \_\_\_\_\_ (A) Real Property Transactions
- \_\_\_\_\_ (B) Tangible Personal Property Transactions
- \_\_\_\_\_ (C) Stock and Bond Transactions
- \_\_\_\_\_ (D) Commodity and Option Transactions
- \_\_\_\_\_ (E) Banking and Financial Institution Transactions
- \_\_\_\_\_ (F) Business Operating Transactions
- \_\_\_\_\_ (G) Insurance and Annuity Transactions
- \_\_\_\_\_ (H) Estate, Trust, and Other Beneficiary Transactions
- \_\_\_\_\_ (I) Claims and Litigation
- \_\_\_\_\_ (J) Personal and Family Maintenance.
- \_\_\_\_\_ (K) Benefits from Social Security, Medicare, Medicaid, Governmental Programs
- \_\_\_\_\_ (L) Retirement Plan Transactions
- \_\_\_\_\_ (M) Tax Matters

FLS (N) ALL OF THE POWERS LISTED ABOVE  
YOU NEED NOT INITIAL ANY OTHER LINES IF YOU INITIAL LINE (N).

**SPECIAL INSTRUCTIONS:**

ON THE FOLLOWING LINES, YOU MAY GIVE SPECIAL INSTRUCTIONS LIMITING OR EXTENDING THE POWERS GRANTED TO YOUR AGENT.

My agent shall have the power to direct distributions of principal and interest from my IRA accounts.

Joda Faye Francis  
(inside)

UNLESS YOU DIRECT OTHERWISE ABOVE, THIS POWER OF ATTORNEY IS EFFECTIVE IMMEDIATELY AND WILL CONTINUE UNTIL IT IS REVOKED. This power of attorney will continue to be effective even though I become incapacitated. STRIKE THE PRECEEDING SENTENCE IF YOU DO NOT WANT THIS POWER OF ATTORNEY TO CONTINUE IF YOU BECOME INCAPACITATED.

I agree that any third party who receives a copy of this document may act under it. Revocation of the power of attorney is not effective as to a third party until the third party has actual knowledge of the revocation. I agree to indemnify the third party for any claims that arise against the third party because of reliance on this power of attorney.

Signed this February day of 10, 2006.

Faye L. Short  
(Your signature)

(Social Security number)

F.L.S.

BY ACCEPTING OR ACTING UNDER THE APPOINTMENT, THE AGENT ASSUMES THE FIDUCIARY AND OTHER LEGAL RESPONSIBILITIES OF AN AGENT.

State of Mississippi  
County of Desoto ) ss.

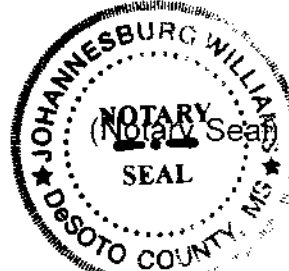
On Feb. 10, 2006 before me Johannesburg Williams, personally appeared Faye L. Short proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies) and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

J. Williams  
(Signature of Notary Public)

MY COMMISSION EXPIRES  
OCTOBER 03, 2008

MY COMMISSION EXPIRES  
OCTOBER 03, 2008



I declare under penalty of perjury that the person who signed this power of attorney is personally known to me, or that the Principal's identity was proven to me by convincing evidence, (2) that the Principal acknowledged this power of attorney in my presence, (3) that the individual appears to be of sound mind and under no duress, fraud or undue influence, and (4) that I am not a person appointed as the Attorney in Fact. I further declare that I am not related to the Principal by blood, marriage, or adoption.

2-10-06  
(date)

[Signature]  
(signature of witness)

1562 Goodman Rd. Timothy R. Cutberth  
 (address) (printed name of witness)

Horn Lake MS  
 (city) (state)

2-10-06 Anita Tillery  
 (date) (signature of witness)

1562 Goodman Rd. Anita Tillery  
 (address) (printed name of witness)

Horn Lake MS 38637  
 (city) (state)

# **AFFIDAVIT POWER OF ATTORNEY IS IN FULL FORCE**

State of Mississippi  
 County of Desoto ) ss.

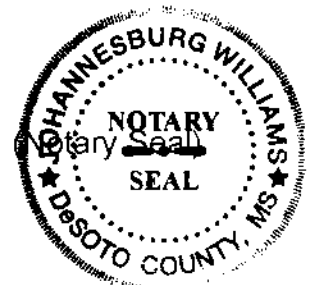
Joda Faye Short Francis being duly sworn, states:  
 (Print name of Designated Agent)

1. I accept the designation of the Principal appointing me as the Principal's Attorney in Fact under this power of attorney.
2. I have no actual knowledge or notice of a revocation of this power of attorney by death or otherwise.
3. I represent that any third party honoring this power of attorney may rely on this declaration.

Joda Faye Short Francis  
 (Signature of Attorney in Fact)

Sworn to before me on Feb. 10, 2006

Williams  
 (Signature of Notary Public)



MY COMMISSION EXPIRES  
 OCTOBER 03, 2008

Joda Faye Francis  
 1676 Crossing Lane  
 Horn Lake, MS 38637  
 2/14